

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER BENNETT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE, NEW ALBANY, , 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00441569 and IN00441369. Complaint IN00441569 - No deficiencies related to the allegation is cited. Complaint IN00441369 - No deficiencies related to the allegation is cited. Survey dates: September 25 and 26, 2024 Facility number: 004442 Residential Census: 22 Bennett Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00441569 and IN00441369. Quality review completed on September 26, 2024.	R 0000			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE